
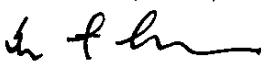


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 26 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A30902 1. Entity Name LECCSE LML, LTD.			
Principal Place of Business 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789		Mailing Address 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789	
2. Principal Place of Business 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs, FL Zip 32701	3. Mailing Address 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs, FL Zip 32701	4. FEI Number 59-3070784	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LECCSE, SALVADOR F 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 650 S. Northlake Blvd, Suite 450 City Altamonte Springs FL Zip Code 32701	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LECCSE, SALVADOR F 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		4-6-05 407-645-5575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE